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Tuberculosis Exposure Risk Assessment For Children

Evaluation questionnaire to determine if Mantoux tuberculin skin test (TST) is indicated.

The San Diego County Tuberculosis (TB) Control Branch has developed this document to assist providers in performing TB exposure risk assessment as recommended by the American Academy of Pediatrics (AAP). See reverse side for AAP suggestions on skin testing periodicity.

Name of Child: _____ Medical Record # _____

DOB: _____ Date of Assessment: _____

Health Care Worker completing form: _____

Yes No

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Has a family member or anyone the child sees regularly been diagnosed or suspected of being sick with active TB disease? |
| _____ | _____ | 2. Does the child have family members or frequent visitors who were born in high TB prevalence countries (most countries from Asia, Africa, Latin America, and parts of Eastern Europe)? |
| _____ | _____ | 3. Was the child born in, or travel to, high TB prevalence countries? |
| _____ | _____ | 4. Does the child live in out-of-home placements, such as foster care, residential facilities or been incarcerated in the last 5 years? |
| _____ | _____ | 5. Does the child have HIV infection or another immunosuppressive condition? |
| _____ | _____ | 6. Has the child lived among or frequently been around individuals who are homeless, have a history of incarceration, migrant workers, users of street drugs, residents in nursing homes or have HIV infection? |
| _____ | _____ | 7. Does the child have close contact with a person who has a positive TB skin test? |
| _____ | _____ | 8. Has the child drank raw milk or eaten unpasteurized cheese? |

Comments: _____

Instructions to Health Care Worker:

Administer the Mantoux TB skin test to children who have the above risk factors, unless the child has a documented history of a positive skin test. Documentation should be in the form of a written report with the date of a Mantoux skin test and the result in millimeters of induration. Skin tests should be read by trained medical personnel, not parents or guardians.

Table 3.68. **Tuberculin Skin Test (TST) Recommendations
For Infants, Children, and Adolescents¹**

Children for whom immediate TST is indicated:

- Contacts of people with confirmed or suspected contagious tuberculosis (contact investigation)
- Children with radiographic or clinical findings suggesting tuberculosis disease
- Children immigrating from endemic countries (e.g., Asia, Middle East, Africa, Latin America)
- Children with travel histories to endemic countries and/or significant contact with indigenous people from such countries.

Children who should have annual TST²:

- Children infected with HIV
- Incarcerated adolescents

Some experts recommend that children should be tested every 2-3 years².

- Children with ongoing exposure to the following people: HIV infected people, homeless people, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults, and migrant farm workers; foster children with exposure to adults in the preceding high-risk groups are included.

Some experts recommend that children should be considered for TST at 4-6 and 11-16 years of age:

- Children whose parents immigrated (with unknown TST status) from regions of the world with high prevalence of tuberculosis; continued potential exposure by travel to the endemic areas and/or household contact with people from the endemic areas (with unknown TST status) should be an indication for a repeated TST

Children at increased risk of progression of infection to disease: Children with other medical conditions, including diabetes mellitus, chronic renal failure, malnutrition, and congenital or acquired immunodeficiencies deserve special consideration. Without recent exposure, these people are not at increased risk of acquiring tuberculosis infection. Underlying immune deficiencies associated with these conditions theoretically would enhance the possibility for progression to severe disease. Initial histories of potential exposure to tuberculosis should be included for all of these patients. If these histories or local epidemiologic factors suggest a possibility of exposure, immediate and periodic TST should be considered. **An initial TST should be performed before initiation of immunosuppressive therapy, including prolonged steroid administration, for any child with an underlying condition that necessitates immunosuppressive therapy.**

HIV indicates human immunodeficiency virus.

¹ 2003 Red Book: Report of the Committee on Infectious Disease, Page 646

¹ Bacille Calmette-Guérin (BCG) immunization is not a contraindication to TST.

² Initial TST is at the time of diagnosis or circumstance, beginning at 3 months of age.